PATE	NT APPLICA	ITION F I	EE DETERI ecember 8,	MINA 2004	ATION RE	COF	ID			on gr	Docke	t Number
		AS FIL	ED - PART	1			SMAI	L ENT	TTY	1 6	20°	////
TOTAL CLA	IMS	- 19	(Column 1)		(Column 2)		TYPE []	0		THER THA ALL ENTI
FOR		NIII	NUMBER FILED		All IMPER SUST		7		FEE]	RA	TE FE
TOTAL CHARGEABLE CLAIMS					NUMBER EXTRA		BASIC FEE		OR		BASIC	FEE
INDEPENDENT CLAIMS		-	minus 20=		· · · · · · · · · · · · · · · · · · ·	4.	X\$ 25		OR		X\$5	0=
MULTIPLE DEPENDENT CLAIM PE		A PRESENT	minus 3 =		·-·	X100		0=	OR		X20	0=
							+180		<u> </u>	1		
If the differe	nce in column 1	is less tha	than zero, enter "0" in column 2				TOTA	_ _		OR	<u> </u>	
	CLAIMS AS	AMEN	DED - PART	- 11			1012	\ <u>_</u>		OR		-
15/	(Column 1)	(Colum	n 2)	(Column 3	չ	SMAL	L ENT	ΊΤΥ	OR	OTH SMAI	ER THAN LL ENTITY
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18 entry in colur	Mn 1 is less than the	entry in coli	ima 2 malio 40° t-	انم	- 0	+1	80 =		OR	+3	60=	
he "Highest Nur	Tiber Previously Paid	FOR IN IMI	S SPACE is less t	than 20), enter "20."	ADDI	OTAL I. FEE		OR		TOTAL	——
Highest Num	ber Previously Paid	For (Total or	Independent) is	inan 3, lhe hig	enter "3," hest number for	und in	the appro	opriate be	ox in co	AUDI Jumn 1	T. FEE L. I.	